

AUTOMATIC DEMAND SHED CONTROL ACCEPTANCE

CEC-NRCA-MCH-11-A (Revised 01/19)

CALIFORNIA ENERGY COMMISSION



CERTIFICATE OF ACCEPTANCE		NRCA-MCH-11-A
Automatic Demand Shed Control Acceptance		(Page 1 of 3)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

Compliance Results: AUTOMATED ("Complies" or "Does Not Comply")	Enforcement Agency Use: Checked by/Date
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Intent:	Ensure that the central demand shed sequences have been properly programmed into the DDC system. (§110.12(a), §110.12(b), NA7.5.10) Submit one Certificate of Acceptance for each zonal HVAC control system that must demonstrate compliance.
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A. Construction Inspection			
Building:	Floor:	Room/Area/Zone:	Control/System:
1.	Required Documentation (check all of the following):		
<input type="checkbox"/>	a.	Designs specific to the Energy Management Control System (EMCS) and demand response control system (if separate) as approved by the authority having jurisdiction.	
<input type="checkbox"/>	b.	NRCC-MCH-03-A as approved by the authority having jurisdiction.	
<input type="checkbox"/>	c.	A printed copy of the OpenADR 2.0a or OpenADR 2.0b Virtual End Node (VEN) certificate for the demand response control system (§110.12(a)1A); OR A certificate from the manufacturer stating that the demand response control system is capable of responding to a demand response signal from a certified OpenADR 2.0b Virtual End Node by automatically implementing the control functions requested by the Virtual End Node for the equipment it controls. (§110.12(a)1B) Note: Demand responsive controls may incorporate and use protocols in addition to (not instead of) the protocols listed above. (§110.12(a)3)	
2.	Prior to functional testing, verify and document all of the following:		
<input type="checkbox"/>	a.	Verify that the EMCS interface can enable activation of the central demand shed controls. (NA7.5.10(a))	
<input type="checkbox"/>	b.	Verify that the demand responsive controls are capable of communicating using one or more of the following for communications that occur within the building: Wi-Fi, ZigBee, BACnet, Ethernet, or hard-wiring. (§110.12(a)2)	
<input type="checkbox"/>	c.	Verify that when the demand responsive control communications are disabled or unavailable, all demand responsive controls shall continue to perform all other control functions provided by the control. (§110.12(a)4)	
<input type="checkbox"/>	d.	Verify that the demand response control system has been certified to the Energy Commission as meeting all of the requirements in Joint Appendix 5 (Occupant Controlled Smart Thermostat). (§110.12(a)5) http://www.energy.ca.gov/title24/equipment_cert/ocst/index.html	
<input type="checkbox"/>	e.	Verify that the controls are programmed to provide an adjustable rate of change for the temperature setup increase, decrease, and reset. (§110.12(b)4)	
	f.	Verify that the controls have the following features: (§110.12(b)5)	
	<input type="checkbox"/>	i.	Disabled. Disabled by authorized facility operators; and (§110.12(a)5A)
	<input type="checkbox"/>	ii.	Manual control. Manual control by authorized facility operators to allow adjustment of heating and cooling set points globally from a single point in the EMCS. (§110.12(a)5B)
Construction Inspection Compliance Results: AUTOMATED ("Complies" or "Does Not Comply")			

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B. Functional Testing			
Building:	Floor:	Room/Area/Zone:	Control/System:
Steps:			Results
1	Engage the global demand shed system with the HVAC system in cooling mode. Verify and document the following: (NA7.5.10.2(Step 1), §110.12(b)5C)		
a.	That the cooling setpoint in non-critical spaces increases by the proper amount (4 degrees or more). (NA7.5.10.2(Step 1a), §110.12(b)1)		P/F
b.	That the cooling setpoint in critical spaces do not change. (NA7.5.10.2(Step 1b), §110.12(b)1)		P/F
2	Engage the global demand shed system with the HVAC system in heating mode. Verify and document the following: (§110.12(b)5C)		
a.	That the heating setpoint in non-critical spaces decreases by the proper amount (4 degrees or more). (§110.12(b)2)		P/F
b.	That the heating setpoint in critical spaces do not change. (§110.12(b)2)		P/F
3	Disengage the global demand shed system. Verify and document the following: (NA7.5.10.2(Step 2), §110.12(b)5C)		
a.	That the cooling setpoint in non-critical spaces return to their original values. (NA7.5.10.2(Step 2c), §110.12(b)3)		P/F
b.	That the cooling setpoint in critical spaces do not change. (NA7.5.10.2(Step 2d), §110.12(b)3)		P/F
4	Return the system to normal operating conditions. (NA7.5.10.2(Step 3))		
Functional Testing Compliance Results: AUTOMATED ("Complies" or "Does Not Comply")			

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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT		
1. I certify that this Certificate of Acceptance documentation is accurate and complete.		
Documentation Author Name:	Documentation Author Signature:	
Documentation Author Company Name:	Date Signed:	
Address:	ATT Certification Identification (If applicable):	
City/State/Zip:	Phone:	
FIELD TECHNICIAN'S DECLARATION STATEMENT		
I certify the following under penalty of perjury, under the laws of the State of California:		
<ol style="list-style-type: none"> 1. The information provided on this Certificate of Acceptance is true and correct. 2. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician). 3. The construction or installation identified on this Certificate of Acceptance complies with the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7. 4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and signed by the responsible builder/installer and has been posted or made available with the building permit(s) issued for the building. 		
Field Technician Name:	Field Technician Signature:	
Field Technician Company Name:	Position with Company (Title):	
Address:	ATT Certification Identification (if applicable):	
City/State/Zip:	Phone:	Date Signed:
RESPONSIBLE PERSON'S DECLARATION STATEMENT		
I certify the following under penalty of perjury, under the laws of the State of California:		
<ol style="list-style-type: none"> 1. I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this Certificate of Acceptance. 2. I am eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Acceptance and attest to the declarations in this statement (responsible acceptance person). 3. The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7. 4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and is posted or made available with the building permit(s) issued for the building. 5. I will ensure that a completed, signed copy of this Certificate of Acceptance shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Certificate of Acceptance is required to be included with the documentation the builder provides to the building owner at occupancy. 		
Responsible Acceptance Person Name:	Responsible Acceptance Person Signature:	
Responsible Acceptance Person Company Name:	Position with Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed: